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Bib Data Sheet

CONFIRMATION NO. 6208

SERIAL NUMBER 10/510,912	FILING OR 371(c) DATE 10/08/2004 RULE	CLASS 435	GROUP ART UNIT 1652	ATTORNEY DOCKET NO. 21080P
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/12509 04/11/2003  
 which claims benefit of 60/372,847 04/16/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

000210

**TITLE**

Hepatitis c virus assay systems

FILING FEE RECEIVED 312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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